VERIFICATION OF ASSISTANT UNITED STATES ATTORNEY

I,	, here	, hereby verify that I a m an Assistant		
ted States Attorney for Wo	estern District of Washington.			
I verify that		is an Attorney for the		
	Name of Petitioner			
ted States.				
DATED at	, Washington this	day of	, 2_	
		Signature		
	Pi	Print or Type Name		
	Assista	Assistant United States Attorney		